

**Temple University
Office of Pre-Professional Health Studies (OPPHS)**

PROFESSIONAL SCHOOL RECOMMENDATION RELEASE REQUEST FORM

I, _____, TU ID# _____,
authorize the Office of Pre-Professional Health Studies to release my letters of recommendation to the following
Schools or Programs:

Form Instructions:

- **Indicate the Application Service that will receive/process your letters**
- List all additional schools/programs to receive your letters of recommendation.
- ***(Attach a complete list of Schools/Programs to which you are applying)***
- List which reference letters are to be submitted to the application service & all other schools listed.
- If your letters are being sent to more than two (2) institutions that do not have electronic submission, **you must provide typed address labels.** Envelopes and postage will be provided.

Requirements for processing letters of recommendation:

1. Only students who have been interviewed by a member of the ***Pre-Health Evaluation Committee*** will have letters sent on their behalf to selected schools/programs.
2. Letters will be sent **after** applications have been submitted **and** entrance exam score reports have been received by the OPPHS.
3. A \$20.00 Letters Processing Fee will be required.
4. Failure to follow the proper instructions for letter request on the Health Professional School application will result in delays in processing your letters. (Indicate Neida Perez, Committee Letter/Packet) (Do not list individual letter writers) (The Committee Letter will serve as a "cover sheet" to your individual letters.)

<u>Application Service</u>	<u>Include Recommendation Letters From:</u>	
	1.	4.
	2.	5.
	3.	6.
<u>Additional Schools/Programs</u>	<u>Include Recommendation Letters From:</u>	
1.	1.	4.
	2.	5.
	3.	6.
2.	1.	4.
	2.	5.
	3.	6.
3.	1.	4.
	2.	5.
	3.	6.

*****List Additional Schools/Programs on a separate sheet of paper.*****

Signature: _____

Date: _____ **Phone#** _____

Email _____

Application to Schools of _____

Application ID # _____ **Date Application Submitted:** _____

For Office Use Only

Date Sent: _____

VE ___; Electronic ___; Mail ___

Sent By (Initials): _____